

1196

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or _____
City of Globe (No. _____ St. _____ Ward _____)

State Index No. 158
Co. Register No. 535
Local Registrar's No. _____

FULL NAME OF CHILD Richard Robert Romans { Born Yes }
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive NO }

Sex of Child <u>M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Sept. 11</u> 192 <u>0</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Lee Van Romans</u>			Full Maiden Name <u>Chelena Bunn Allison</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u> Age at last Birthday <u>23</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Arkansas</u>			Birthplace <u>Missouri</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 11 1920, at 11¹⁵ AM.

*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a Supplemental report _____ 1920
992-911-315
COUNTY REGISTRAR.

(Signature) C. W. Adams
(Attending physician, _____)
Address Globe, Ariz.
P.B. J. J. J.
LOCAL REGISTRAR.
P.B. J. J. J.
COUNTY REGISTRAR.

Filed Sept 20 1920
Filed Oct 5 1920 A True Copy